

Revision: HCFA-PM-91-10

(BPD)

ATTACHMENT 4.38A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

See attached print-out from LMS record-keeping system and copy of
Nursing Assistant Application.

TN No. <u>92-14</u>	Approval Date <u>APR 16 1992</u>	Effective Date <u>1/1/92</u>
Supersedes		
TN No. <u>N/A</u>		

HCFA ID:

[illegible]

Effective Date 1/1/92

TN No.: 92-14

supersedes

TN No.: N/A

Approval Date **APR 16 1992**

Effective Date 1/1/92

[illegible]

Supersedes
TN No.: N/A

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: Include the ^ AFFILIATED LETTER FOR CORRESPONDENCE TRACKING. :
: address in ^ Record will be Added 100000000 :
: your letter. ^ DATE PREPARED AND SENT : 2/26/92 :
: ^ LETTER DESCRIPTION :ENDORSEMENT TO CALIF :
: ^ ENDORSEMENT TO CALIF :
: CTRL+P to ^ :
: Print Letter ^ SENT ENDORSEMENT TO CALIFORNIA, NO CHANGE OF ADDRESS AT :
: ^ THIS TIME :
: Press Insert ^ :
: to toggle ^ :
: typeover and ^ :
: insert text ^ :
: in letter. ^ :
: ^ :
: You can send ^ :
: letter to a ^ :
: printer or a ^ :
: file with ^ :
: any standard ^ :
: name format. ^ :
: ^ :
: 40 Lines of ^ :
: Text Maximum ^ :

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Effective Date 1/1/92

NEVADA STATE BOARD OF NURSING

1281 Terminal Way, Rm. 116, Reno, Nevada 89502

(702) 786-2778

FAX (702) 322-6993



NURSING ASSISTANT APPLICATION FOR CERTIFICATION

Name: _____
Last First Middle Maiden

Social Security No.: _____-_____-_____ Telephone No.: (____) _____-

Address: _____
Street City State Zip

Date of Birth: _____ Place of Birth: _____

U. S. Citizen? Yes ___ No ___ Mother's Maiden Name: _____

EDUCATION SUMMARY

High School: _____
City/State Year DegreeCollege/University: _____
Name City/State YearNursing Assistant Training Program: _____
Facility/School Name

City/State: _____ Date Complete: _____

NURSING TRAINING SUMMARY

RN License No.: _____ State: _____ Status: _____
Active/Inactive/DisciplinedLPN License No.: _____ State: _____ Status: _____
Active/Inactive/DisciplinedCNA Certificate No.: _____ State: _____ Status: _____
Active/Inactive/DisciplinedNursing Fundamentals: _____
School City/state Year

GENERAL INFORMATION

Have you failed a Nursing Assistant Certification Exam in any other State: Yes ___ No ___ How many times: ___ In what State: ___

Do you have difficulty reading without assistance? Yes ___ No ___

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The following information will be used to provide statistics for our computer system and will never be used in association with your name. Please complete applicable sections.

A. Sex

- ☐ 1. Male
☐ 2. Female

B. Marital Status

- ☐ 1. Married
☐ 2. Widowed
☐ 3. Never Married
☐ 4. Divorced
☐ 5. Separated

C. Employment Status

- ☐ 1. Full-time in Nursing
☐ 2. Part-time in Nursing
☐ 3. Working in another field
☐ 4. Unemployed not seeking work
☐ 5. Unemployed seeking work
☐ 6. Have been seeking work for
 ☐ a. Days ☐ b. Weeks ☐ c. Months

D. Time Worked as a Nursing Assistant

- ☐ 1. Zero to one year
☐ 2. Two to Three years
☐ 3. Four to five years
☐ 4. Six to nine years
☐ 5. Ten or more years

E. Principal Place/Field of Employment

- ☐ 1. Hospital
☐ 2. Long-term care facility
☐ 3. Home care
☐ 4. Private duty
☐ 5. Mental retardation
☐ 6. Schools
☐ 7. Registry
☐ 8. Mental health facility
☐ 9. Other _____

F. Current Employer

Facility name: _____
Address: _____

G. How many Nursing Assistant positions have you had in the past 12 months?

- ☐ 1. Zero to one
☐ 2. Two to three
☐ 3. Four to Five
☐ 4. Six to nine
☐ 5. Ten or more

H. Education, highest degree received?

- ☐ 1. High school diploma
☐ 2. High school equivalency diploma
☐ 3. Associate degree
☐ 4. Bachelor's degree
☐ 5. None of the above

I. County of Residence

- ☐ 1. Carson
☐ 2. Churchill
☐ 3. Clark
☐ 4. Douglas
☐ 5. Elko
☐ 6. Esmeralda
☐ 7. Eureka
☐ 8. Humboldt
☐ 9. Lander
☐ 10. Lincoln
☐ 11. Lyon
☐ 12. Mineral
☐ 13. Nye
☐ 14. Pershing
☐ 15. Storey
☐ 16. Washoe
☐ 17. White Pine
☐ 18. Out of State
☐ 19. Out of Country

J. County where employed

- ☐ 1. Carson
☐ 2. Churchill
☐ 3. Clark
☐ 4. Douglas
☐ 5. Elko
☐ 6. Esmeralda
☐ 7. Eureka
☐ 8. Humboldt
☐ 9. Lander
☐ 10. Lincoln
☐ 11. Lyon
☐ 12. Mineral
☐ 13. Nye
☐ 14. Pershing
☐ 15. Storey
☐ 16. Washoe
☐ 17. White Pine
☐ 18. Out of State
☐ 19. Out of Country

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DESCRIPTION

STAPLE PICTURE HERE

Hair: _____

Eyes: _____

Height: _____

Weight: _____

Date Photo was Taken: _____

PERSONAL

A "yes" answer may delay the processing of your application and could be grounds for denial. Falsification of answers is grounds for disciplinary action or denial.

1. Has your certification or license in any state ever been denied, revoked, suspended, on probation or is there any action pending? Yes _____ No _____
2. Have you ever been convicted of any criminal offense other than minor traffic violation(s)? Yes _____ No _____
3. Do you now or have you ever had a problem related to habitual use of drugs or alcohol? Yes _____ No _____
4. Are you now or have you ever been treated for mental illness? Yes _____ No _____
5. Do you have any physical disability which will impair or interfere with your ability to practice nursing? Yes _____ No _____

If the answer is "yes" to any of the above questions, please explain dates and circumstances on a separate sheet. Additional information may be required following review of your application.

AFFIDAVIT

1. I hereby authorize and request all persons to whom this release is presented having information relating to or concerning me to furnish such information to the Nevada State Board of Nursing whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize Nevada State Board of Nursing to review and copy any documents pertaining to my past or present employment or character, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. I hereby release my past and present employers, references and all other persons whomsoever from any damage because of furnishing said information.
4. I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing application, and all supplementary statements.

Signed By: _____ Date: _____

Your signature affixed to this application will grant consent for the Nevada State Board of Nursing to contact your former employer(s) or any other person having information about or concerning you. Misrepresentation is cause for denial of application or revocation of certification.

CERTIFICATION IS MANDATORY IN NEVADATN No.: 92-14
Supersedes
TN No.: N/AApproval Date APR 16 1992Effective Date 1/1/92

Employer: _____

TRN: _____ Exp: _____

Qualified: _____

FOR OFFICE USE ONLY

NAME: _____

CERTIFICATION NO.: _____

DATE ISSUED: _____

SCORES: _____

Manual

Date

Written

Date

ENDORSEMENT: _____

State

AMOUNT: \$ _____ DATE: _____ R#: _____

AMOUNT: \$ _____ DATE: _____ R#: _____

AMOUNT: \$ _____ DATE: _____ R#: _____

INCOMPLETE: _____ Rec: _____

Rec: _____

Rec: _____

Rec: _____

Rec: _____

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